

Error Report Rejection Conditions/Error Codes

Ministry of Health

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Error Report Rejection Conditions / Error Codes

The following error rejection conditions / error codes will be reported on the Claims Error Report. These error codes are three characters in length.

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General error codes

Error Code	Reason(s) for rejection
A1A	Outside Service Period
A2A	Patient is underage or overage for this service code
A2B	This service is not normally performed for this sex. Please check your records.
A3E	No such service code for date of service
A3F	No fee exists for this service code on this date of service
A3G	Fee Billed Low-Check
A3L	Other New Pt Fee Already Pd
A34	Multiple duplicate claims
A4D	Invalid specialty for this service code

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
AC1	Maximum reached-resubmit alternate FSC
AC4	<p>Unaccepted referring physician number. Referring number is 722900-744292 (Nurse Practitioner) and FSC are not any of the five following:</p> <ul style="list-style-type: none"> • Laboratory Services (L^{***}) • Cardiology codes G310, G313, G700 • Physiotherapy Code • Xray-X codes • Ultra Sound Codes-J code
AD3	Not allowed with visit
AD5	Procedure allowed previously
AD9	Premium not allowed alone
AD8	Not allowed alone
ADF	Corresponding Procedure Invalid, Omitted or Paid at zero
AH8	Hospital and/or Admission date is missing or invalid.-Invalid Adm Dte/Hosp No
AHF	Concurrent or Supportive Care Same Period
AM1	Service Limit Exceeded
AMR	Minimum service requirements have not been met
ARF	Missing Physician Referring Number
ARP	Referring Physician # Required
ASP	Not Allowed with Surgical Procedure
CNA	Counselling Not Allowed
EG1	Group not Eligible
EH1	Srv. Date <Elig. Eff. Date

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
EH2	Mismatched Version Code
EH4	Srv. Date > Elig. End Date
EH5	Srv. Dt. Not in Elig. Period
EH6	Eligibility Terminated-Deceased
EH9	HN Not Activated
ENP	Invalid FSC for NP
EPA	Network billing not approved
EPC	Patient not rostered/rostered to another Network
EPF	Enrolment Date Mismatch
EPP	Incorrect Code for Eligibility (Ontario Works/Ontario Disability Support Program)
EPS	Patient Not Elig for Prog
EP1	Enrolment Trans Not Allowed
EP2	Not for Enrol/Re Enrol
EP3	Check Srv Dte / Enrol Dte
EP4	Enrolment Restriction
EP5	Incorrect FSC for Grp Typ
EP6	HN Not Activated
EQ1	Practitioner not registered with OHIP-Clinic/Dr Not on File
EQ2	Specialty code is inactive or not registered on date of service
EQ3	Health care provider is registered as OPTED-IN for date of service-claim submitted as Pay Patient
EQ4	Health care provider is registered as OPTED-OUT for date of service-claim submitted as Pay Provider

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
EQ5	Lab inactive for service date
EQ6	Referring/requisitioning health care provider number is not registered with the Ministry of Health
EQ9	Lab No. not on File
EQB	Solo practitioner inactive on service date Practitioner number is Midwife (700000-722899) referral only Claims submitted by Chiropractors using their CSN
EQC	Group not registered with the Ministry of Health.
EQD	Group not actively registered with the Ministry of Health on date of service
EQE	Health care provider is not registered with the Ministry of Health as an affiliate of this group on date of service
EQF	Health care provider is not actively registered with the Ministry of Health as an affiliate of this group on date of service
EQG	Referring laboratory is not registered with the Ministry of Health
EQI	Contract characteristics error
EQJ	New Graduate bills New Patient fee (q013) or Physician (not a new graduate) bills new Graduate-New Patient fee (Q033)-Pract. Not Elig. On S/D
EQK	A100 billed with a specialty code other than 00.-MNI Does not Meet Criteria
EQL	A100 billed with a speciality code other than 00 or billed by provider with any EDFAFA group number.-Phy Not Eligible to Claim
EQM	Not Registered for Use
EQN	Reg Usage Err on S/D
EQP	Enrolment Type Not Eligible
EQS	Provider does not have a sub-specialty of PSY.-Pract Criteria Not Met
ERF	Referring physician number is currently ineligible for referrals

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
ESD	APP group affiliation on service date
ESF	A non-encounter service claim submitted by a physician not eligible to bill FSC
ESH	If a claim is submitted by a Mental Health Sessional Group for a code other than K400A, reject the claim to the error report.-Not Elig. For Blank HN
ESN	If health number is on the claim for K400A- No HN required for FSC. Invalid Blank HN Claim
HCC	Not on Health Care Connect (HCC) database-Not Eligible On HCC database but not Complex-Vulnerable On HCC database but not in 'referred to' status
HCE	Patient enrolled to billing physician but later than 3 months from the "referred to" date on Health Care Connect database-Enrolment after 3 Months
PAA	To ensure the smoking cessation initial discussion fee (E079) has been paid within 365 days prior to the smoking cessation counseling fee (Q042) or the smoking cessation follow up fee (K039)-No Initial Fee Prev. Pd.
PA1	Physician Assistant (PA) Pilot claim submissions may contain one or more PA Tracking FSC's but other OHIP insured service FSCs are not allowed on the same claim.-Invalid PA Srv
PA2	Physician Assistant Pilot (PA) claim submissions with the PA as the submitting physician must identify the solo billing number of the supervising physician in the "Refer Physician" field.-Invalid PA Claim
PA3	The physician and/or referring physician fields on the PA Pilot claim submission contain billing numbers which are not affiliated to the PA Pilot group number. Not registered for PA
PA4	PA Registration on S/D Err
PA5	PA Affiliation Error
PA6	PA Affil'n on S/D Err
V02	Invalid Region Code
V05	Error-Clm No/Serv Date

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
V06	Incorrect Clinic Code
V07	Invalid Pract. Number
V08	<p>Invalid Specialty Code:</p> <ul style="list-style-type: none"> • Specialty code is missing/not 2 numerics • Not a valid specialty code • Specialty code is 27 and provider number is not 599993 • Specialty code is 90 and provider number is not 991000 • Specialty code is 49, 50, 51, 52, 53, 54, 55, 70 and 71 and the health care provider number does not begin with 4 • Specialty code is 56 and health care provider number does not begin with 80 or 81 • Specialty code is 57 and health care provider number does not begin with 86 or 839985 • Specialty code is 58 and health care provider number does not begin with 87 • Specialty code is 59 and health care provider number does not begin with 88 or 89 or not in range 830000-839984 • Specialty code is 80 or 81 and health care provider number does not begin with 82
V09	Invalid Referral Number
V10	<p>Patient's last name is missing/not alphabetic (A-Z)</p> <p>First field position is blank</p> <p>RMB claim only</p>
V12	<p>Patient's first name is missing/not alphabetic (A-Z)</p> <p>First field position is blank</p> <p>RMB claim only</p>
V13	<p>Patient's date of birth is missing/invalid format</p> <p>Month not in the range of 01-12</p> <p>Not 8 numerics (new MRI format)</p> <p>Day is outside acceptable range for month</p>
V14	<p>Patient sex must be '1' (male) or '2' (female)</p> <p>RMB claim only</p>

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
V16	<p>Unacceptable Diagnostic Code</p> <p>Not numeric</p> <p>Health care provider number is 82XXXX and diagnostic code is not 4 numerics or is 3 numerics and not 070, 072, 880 or 971</p> <p>Fee schedule code is G423, G424 and diagnostic code is not 360, 371 or 376</p>
V17	Payee must be 'P' (Provider) or 'S' (Patient)
V18	<p>In-patient admission date is not 8 numerics</p> <p>Month of admission is not in the range of 01-12</p> <p>Day of admission is outside the acceptable range for month</p> <p>In-patient admission date is later than Ministry of Health system run date</p>
V19	Invalid Chrio Diagnostic Code
V20	Service code is A007, patient is over 2 years old and diagnostic code is '916' or service code is A003 and the patient is under 16 years old and the diagnostic code is '917'
V21	Diagnostic Code Required
V22	Invalid Diagnostic Code
V23	Check No. Of Services
V28	Invalid Hospital Number
V29	Invalid In-Out-Pat-Ind
V30	FSC/DX Code Combination NAB
V31	Missing any of the following: group number, health care provider number, specialty code

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
V34	<p>Service code begins with 'V1' and health care provider number does not begin with 88 or 89, or in range 830000-839984 (and the reverse of this condition)</p> <p>Service code begins with 'V2' and health care provider number does not begin with 86 or is 839985 (and the reverse of this condition)</p> <p>Service code begins with 'V3' and health care provider number does not begin with 87 (and the reverse of this condition)</p> <p>Service code begins with 'V4' and health care provider number does not begin with 80, 81, 84 or 85 (and the reverse of this condition)</p> <p>Service code begins with 'V8' and health care provider number does not begin with 82 (and the reverse of this condition)</p> <p>Service code begins with 'T' and health care provider number does not begin with 4, excluding fee schedule codes J99-- (and the reverse of this condition)</p> <p>Service code begins with 'H4' and health number is not a sessional reference number</p>
V35	Invalid OOP/OOC Service
V36	Check input criteria required for sessional billing
V39	Number of items exceeds the maximum (99)
V40	<p>Service code is missing</p> <p>Service code is not in the format ANNNA where:</p> <ul style="list-style-type: none"> • A is alphabetic (A-Z) • NNN is numeric (001-999) • A is alphabetic (A-C)
V41	<p>Fee submitted is missing/not 6 numerics</p> <p>Fee submitted is not in the range '000000'-'500000' (\$\$\$\$cc)</p>
V42	<p>Number of services is missing/not 2 numerics</p> <p>Number of services is not in the range '01-99'</p>
V47	Fee submitted is not evenly divisible (to the cent) by the number of services
V50	Service Date Pre Initial Visit

Error Report Rejection Conditions

Error Code	Reason(s) for rejection
V51	Invalid location code-must be blank or four numerics. If present, must be valid based on MOHLTC Residency Code Manual
V53	Invalid FSC-Magnetic Tape/Disk
V62	Invalid service location indicator-assigned when a Service Location Indicator (SLI) code included with a hospital diagnostic service billing from a participating hospital physician/group is not of the five valid SLI codes (HDS, HED, HIP, HOP or HRP)
V63	Referring Laboratory Number must start with 5 (5###)
V64	Missing service location indicator-assigned when a hospital diagnostic service is billed by a participating hospital physician/group but a service location indicator code was not included
V65	Missing master number-assigned when SLI code HDS, HED, HIP, HOP or HRP is included with a diagnostic service billing from a participating hospital physician/group but a master number was not included
V66	Missing admission date-assigned when SLI code HIP is included with a diagnostic service billing from a participating hospital physician/group but an admission date was not included
V67	Missing master number and admission date-assigned when a SLI code HIP is included with a diagnostic service billing from a participating hospital/group but a master number and admission date were both not included
V68	Incorrect service location indicator-assigned when a diagnostic service is billed from a participating hospital physician/group with a master number and admission date but the SLI code is not HIP
V69	Serv Dte Invalid for SLI
V70	Date of service is greater than the file/batch creation date
V71	Invalid Dental Master No.
V98	Wrong Preventive Care Date of Service

Error Code	Reason(s) for rejection
VJ5	Date of Service is missing/not 8 numerics Month is not in the range 01-12 Day is outside acceptable range for month Date of Service is greater than Ministry of Health system run date
VJ7	Stale-dated Claim
VJ8	Stale-dated Claim Encounter
VS1	Invalid SEAMO Prvdr Code
VS2	Invalid Venue Type
VS3	Invalid Clinic Number
VS4	Invalid Healthcare Item
VS5	Invalid IP/OP Indicator
VS6	Invalid HC Item Cde Fmt

Note: These error codes and their associated descriptions are subject to change.

Health Number error codes (VHA to VH9)

Error Code	Reason(s) for rejection
VHA	OHIP number not registered with ministry for health number
VHB	No HN Req'd for FSC A non-encounter service claim submitted with a Health Number
VHC	SLI required for technical fee

Error Code	Reason(s) for rejection
VH0	Header 2 and HN Present Claim Header-2 present on MRI claim submitted with Health Number in Claim Header-1
VH1	Health Number is missing/invalid (does not pass MOD 10 Check routine) Health Number is a number reserved for testing purposes
VH2	Health Number is Missing Health Number is not present (Payment program is HCP or WCB)
VH3	Invalid Payment Program The payment program is missing or is not equal to HCP, RMB, WCB
VH4	Invalid Version Code
VH5	OHIP # Required for Service Date Claim Header-2 is missing (service is before January 1, 1991 and Payment Program is HCP)
VH6	Mixed Service Dates
VH7	Health number and OHIP number on same claim
VH8	Date of birth does not match the Health Number submitted
VH9	Health Number is not registered with ministry

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Independent Health Facilities error codes (EF1 to EF9)

Error Code	Reason(s) for rejection
EF1	IHF number not approved for billing on the date specified
EF2	IHF not licensed or grandfathered to bill FSC on the date specified

Error Code	Reason(s) for rejection
EF3	Insured services are excluded from IHF billings
EF4	Provider is not approved to bill IHF fee on date specified
EF5	IHF practitioner 991000 is not allowed to bill insured services
EF7	Referring physician number is required for the IHF fee billed
EF8	'I' service codes are exclusive to IHFs
EF9	Mobile site number required

Note: These error codes and their associated descriptions are subject to change.

Reciprocal Medical Billing (RMB) error codes (R01 to R09)

Error Code	Reason(s) for rejection
R01	Missing HSN
R02	Invalid HSN
R03	Invalid/Missing Province Code
R04	Service Excluded from RMBS
R05	Provincial code is 'ON' (Ontario) which is not valid for RMBS
R06	Wrong Provider for RMBS
R07	Invalid Pay Type for RMBS
R08	Invalid Referral Number
R09	Claim Header 2 Missing-RMB

Note: These error codes and their associated descriptions are subject to change.

Telemedicine error codes (ET1 to ET5 and TM1 to TM8)

Error Code	Reason(s) for rejection
ET1	The telemedicine billing is submitted by a physician who is not registered as a Telemedicine physician.-Not Reg for Telemedicine
ET4	The telemedicine billing does not include a telemedicine premium code (B100, B101, B102, B200, B201, B202)-Telemedicine Fee code missing
ET5	The telemedicine billing is submitted with a telemedicine premium/tracking code but the SLI code is not 'OTN' or is not present.-Telemedicine SLI Missing/Invld
TM1	Dup Telemedicine Claim, Same patient (uninsured)
TM2	Can't Bill with MSD/CNC AP
TM3	Service not Telemedicine Payable
TM4	Non Telemedicine Claim paid for same patient
TM5	Telemedicine Claim Paid for same patient
TM6	Registration not in effect on Service Date
TM7	Dental Service not eligible for Telemedicine
TM8	Not eligible for Store FD

Note: These error codes and their associated descriptions are subject to change.

Workplace Safety and Insurance Board (Workers Compensation Board (WCB)) error codes (VW1)

Error Code	Reason(s) for rejection
VW1	Invalid WCB Service

Note: These error codes and their associated descriptions are subject to change.

Exemption

This technical publication has been exempted from translation under the *French Language Services Act* as per Ontario Regulation 671/92.